

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-070,401		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		12		1			52				
3		27		21			53				
4		12		21			54				
5		27		21			55				
6		12		21			56				
7		27		21			57				
8		12		21			58				
9		27		21			59				
10		12		21			60				
11		27		21			61				
12		12		21			62				
13		27		21			63				
14		12		21			64				
15	1		1				65				
16		12		1			66				
17		27		1			67				
18				1			68				
19				1			69				
20				1			70				
21							71				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2				TOTAL IND.				
TOTAL DEP.	16		19				TOTAL DEP.				
TOTAL CLAIMS	18		21				TOTAL CLAIMS				

PTO-1350 (3-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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